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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/653,325	09/02/2003	Allan H. Graff	C75128-1	2971	
GLAXOSMITH	7590 05/18/200 HKLINE	9	EXAM	IINER	
•	ectual Property - UW	2220	FUBARA, BLESSING M		
P.O. Box 1539 King of Prussia	a, PA 19406-0939		ART UNIT	PAPER NUMBER	
· ·			1618		
			MAIL DATE	DELIVERY MODE	
			05/18/2009	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/653,325	GRAFF ET AL.	
interview Summary	Examiner	Art Unit	
	BLESSING M. FUBARA	1618	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BLESSING M. FUBARA</u> .	(3)		
(2) <u>Tina Boyer (Ass. to Attor)</u> .	(4)		
Date of Interview: 27 April 2009.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g	ı)	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Application is abandoned</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERQuirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS 'HIS
/Blessing M. Fubara/ Examiner, Art Unit 1618			

Application No.

Applicant(s)